Time Off Request Form
Ray / 201/ARD S.S.# 214-36-7208
Name Acy Lean Aka Department Live Have
1/24/8.
Date of Hire
(CHECK ONE): Vacation Personal/Floating Holiday - Calendar Personal/Floating Holiday - Anniversary
Day/Date(s) Requested
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Date of Hire 1/24/81 -	Department Live Hand
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Name William J	anna S.S.# 219	5-36-0756
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Name Willi	am Jarmor	S.S.#_	215-36-07	<u> </u>	
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Time Off Request Form
Name Achard Pouler S.S.# 212-40-1695
Date of Hire 12/21/89 Department Twe Name Department
☐ UNION ☐ NON-UNION HOURLY ☐ SALARIED
(CHECK ONE): Vacation Personal/Floating Holiday - Calendar
Personal/Floating Holiday - Anniversary
Day/Date(s) Requested Dec 1, 2000 - Dec 16, 2000 WK 1 UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY. LIAM Date Employee's Signature Date
Supervisor's Signature 11/29/2000 CLAPPROVED CIDISAPPROVED SUPERVISOR'S SIGNATURE
FOREMAN'S SIGNATURE DATE
SUPERINTENDENT'S SIGNATURE DATE
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Name Richard	1 factur	S.S.#_	212-4	0-160	100	
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Name Richard Parker	S.S.# 212-40-7692
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Name <u>Nathaniel</u> Whit	e s.s.# 213-78-8701
Date of Hire	Department Line Hand
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